

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 23, 2006 8:00 am
Secretary of State

08-10-2006 90041 037 ****50.00

DOCUMENT # L05000063290 1. Entity Name BLACK BEAR GOLF CLUB, L.L.C.					
Principal Place of Business 24525 COUNTY ROAD 44-A EUSTIS, FL 32736			Mailing Address 24525 COUNTY ROAD 44-A EUSTIS, FL 32736		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 80-0122977	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BRUEGGEMAN, LEA 270 WAYMONT COURT, SUITE 110 LAKE MARY, FL 32746			Name LEEANN CARSON Street Address (P.O. Box Number is Not Acceptable) 24565 CALUSA BLVD. City EUSTIS FL Zip Code 32736		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <small>Signature typed or printed name of registered agent and title if applicable.</small>			LEEANN CARSON 7/18/06 <small>(NOTE: Registered Agent signature required when renewing)</small> DATE		
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS				10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEEANN CARSON <input type="checkbox"/> Delete P.O. BOX 520 SORRENTO FL 32776			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			7/18/06 3523574732 <small>Date Daytime Phone</small>		